U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

Funds Authorizations

(Check only Reserve For	Residual	Project Number: Mortgagee Loan # : (Optional)			otional)
one box) Replacements Fund	Receipts Fund	Property Address:			State
To: (Mortgagee)		Comments (optional)			
This is your authority to release the following amounts from the reserve: Purpose				Amount	
· ·					
		Total Amount			
Check (X) appropriate boxes:					
An inspection made on the date of		tisfactory replacement and/or installation			
An inspection will be made on the next visit to					
This Office has approved: (Check X appropriate be revocable upon written notice from HUD.			according	jiy. This authorii	ty is
A suspension of Deposits to the Reserve from A suspension of Deposits to the Reserve so lo		to the date of	<u>—</u>		
A change in the Monthly Deposit to the Reserve	_	to is mai	ntained.		
	h the date				
Remarks (optional):					
To: (Mortgagor/Managing Agent)		Name and Signature of Field Office	Asset Mana	agement Branch	Chief
		x			
		City	State	Date	